

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38792

STATE FILE NUMBER

FILED NOV 15 1957

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2554

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR **Affton**

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR **9857 Affton Pl.**  
INSTITUTION **3 YEARS**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY **St. Louis**

c. CITY OR TOWN **Affton 4820**

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
**9857 Affton Pl.**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

**Annie**

Middle

**Laura**

Last

**Turner**

4. DATE OF DEATH

Month

**Oct**

Day

**15**

Year

**1957**

5. SEX

**female**

6. COLOR OR RACE

**white**

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH

**Aug 7, 1872**

9. AGE (In years last birthday)

**85**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**at home**

10b. KIND OF BUSINESS OR INDUSTRY  
**Housewife**

11. BIRTHPLACE (City and state or country)

**Clinton, Illinois**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**David Pieples**

14. MOTHER'S MAIDEN NAME

**Phoebe-----**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.  
**none**

17. INFORMANT

Address

**Carol Armbruster**

**9857 Affton Pl.**

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**unknown natural causes**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY  
Hour a. m. p. m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11:45a** to **her** and last saw **him** alive on **Death occurred at** **11:45a** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  
**Herbert R. Domke, MD, Local Registrar**

22b. ADDRESS

**651 S. Brentwood, Clayton, Mo.**

22c. DATE SIGNED

**10/18/57**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**removal**

23b. DATE

**10/18/1957**

23c. NAME OF CEMETERY OR CREMATORY

**LOCAL CEMETERY Pacific**

23d. LOCATION (City, town, or county)

**Pacific, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**J L Ziegenhein & Sons 7027 Gravois 10-16-57**

25. DATE RECD. BY LOCAL REG.

25. REGISTRAR'S SIGNATURE

**Herbert R. Domke MD acc**

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.